

Revised 12/1/00

(Certification of Completion/County Permit)

Virginia Dept. Of Environmental Quality
P.O. Box 10009
Richmond, VA 23240-0009COUNTY / CITY _____
(County / City Stamp)**Virginia Plane Coordinates**_____

N
E**Latitude & Longitude**Datum: _____

N
WTopo. Map No. _____
Elevation _____ ft.
Formation _____
Lithology _____
River Basin _____
Province _____
Type Logs _____
Cuttings _____
Water Analysis _____
Aquifer Test _____Owner _____
Well Designation or number _____

Address _____

Phone _____

Drilling Contractor _____
Address _____

Phone _____

WELL LOCATION: _____ (feet/miles) _____ (direction) of _____
and _____ (feet/miles) _____ (direction) of _____***If possible please include map showing marked well location.***

Date Started _____ Date Completed _____ Type Rig _____

DEQ Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not _____

Meet code/law requirements.

Signature: _____

Date: _____

*For Office Use*Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well I _____ IIA _____
IIB _____ IIIA _____ IIIB _____
IIIC _____ IIID _____ IIIE _____**1. WELL DATA:** New _____ Reworked _____ Deepened _____

Total Depth _____ ft.

Depth to Bedrock _____ ft.

Hole Size (Also include reamed zones)

_____ inches from _____ to _____ ft.

_____ inches from _____ to _____ ft.

_____ inches from _____ to _____ ft.

Casing Size (I.D.) and Material

_____ inches from _____ to _____ ft.

Material _____

Weight per ft. _____ or wall thickness _____ in.

_____ inches from _____ to _____ ft.

Material _____

Weight per ft. _____ or wall thickness _____ in.

_____ inches from _____ to _____ ft.

Weight per ft. _____ or wall thickness _____ in.

Screen Size & Mesh for Each Zone

_____ inches from _____ to _____ ft.

Mesh Size _____ Type _____

_____ inches from _____ to _____ ft.

Mesh Size _____ Type _____

_____ inches from _____ to _____ ft.

Mesh Size _____ Type _____

_____ inches from _____ to _____ ft.

Mesh Size _____ Type _____

Gravel Pack

From _____ to _____ ft.

From _____ to _____ ft.

Grout

From _____ to _____ ft. Type _____

From _____ to _____ ft. Type _____

2. WATER DATA: Water Temperature _____ F

Static Water Level (unpumped level measured) _____ ft.

Stabilized measured pumping water level _____ ft.

Stabilized Yield _____ gpm after _____ hours

Natural Flow: Yes _____ No _____ Flow Rate _____ gpm

Comment on water quality: _____

3. WATER ZONES: From _____ To _____

From _____ To _____ & From _____ To _____

From _____ To _____ & From _____ To _____

4. USE DATA

Type of Use: Drinking _____ Livestock Watering _____

Irrigation _____ Food Processing _____ Household _____

Manufacturing _____ Fire Safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling/Heating _____

Injection _____ Other _____

Type of Facility: Domestic _____ Public Water Supply _____

Public Institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type _____ Rated hp. _____

Intake Depth _____ ft. Capacity _____ gpm at _____ head

6. WELLHEAD: Type of Well Seal _____

Pressure Tank _____ gal. Location _____

Sample Tap _____ Measurement Port _____

Well Vent _____ Pressure Relief Valve _____

Gate valve _____ Check Valve (when required) _____

Electrical Disconnect Switch on Power Supply _____

7. DISINFECTION: Well Disinfected _____ Yes _____ No _____

Date _____ Disinfectant Used _____

Amount _____ Hours Used _____

8. ABANDONMENT: (where applicable) _____ Yes _____ No _____

Casing Pulled _____ Yes _____ No _____ NA _____

Plugging Grout From _____ to _____ Material _____

OWNER: _____

DEQ WELL # _____
USGS LOCAL # _____

9. State law requires submitting to the Virginia State Water Control board information about ground water and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analysis, and copies of the geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State health Department requires a water well completion report for public water supply.

10. Driller's Log (Use additional sheets if necessary)				11. Drilling Time (Min.)	12. Diagram of Well Construction (with dimensions)
Depth (feet)		Type of Rock or Soil	Remarks		
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities, broken, core, shot, etc.)		

13. Well Lot Dedicated? _____ Size _____ ft. by _____ ft. Well House? _____
Distance to nearest pollutant source _____ ft. Type _____
Distance to nearest property line _____ ft. Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes
Pipe Size _____ in. Material _____
Installer _____
Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature _____ Date _____
(Well driller or authorized person)

License Number _____